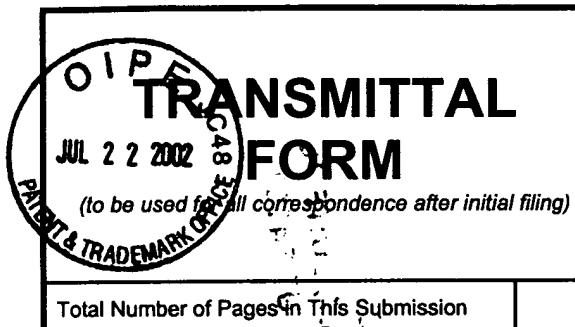


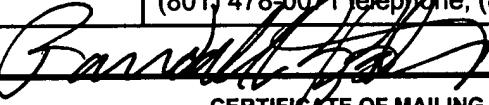
HE/344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

		Application Number	09/650,843
		Filing Date	August 28, 2000
		First Name of Inventor	H. Addison Sovine
		Group Art Unit	3711
		Examiner Name	Mark S. Graham
Total Number of Pages in This Submission		Attorney Docket No.	
		1135.ACT2.PT	

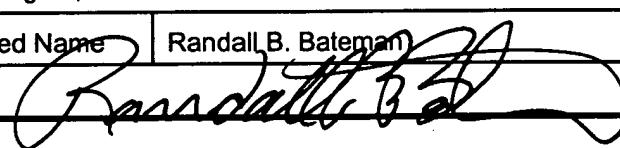
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ _____ <input checked="" type="checkbox"/> Credit card authorization in the amount of \$ 84.00 <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings _____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Attorney for Applicant	Randall B. Bateman, Registration No. 37,774 Morris, Bateman, O'Bryant & Compagni, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile

Signature		Date	7/15/02
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CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

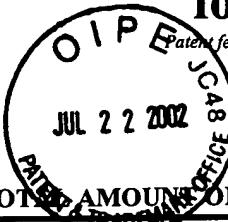
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Typed or Printed Name	Randall B. Bateman		
Signature		Date	7/15/02

FEE TRANSMISSION

for FY 2002

Patent fees are subject to annual revision.



**COPY OF PAPERS
ORIGINALLY FILED**

TOTAL AMOUNT OF PAYMENT

(\$84.00)

PATENT TRADEMARK OFFICE

Complete if Known

Application Number
09/650,843

Filing Date
August 28, 2000

First Named Inventor
H. Addison Sovine

Examiner Name
Mark S. Graham

Group / Art Unit
3711

Attorney Docket No.
1135.ACT2.PT

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
50-0881

Deposit Account Number
[Redacted]

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility Filing Fee	[Redacted]
106	330	206	165	Design Filing Fee	[Redacted]
107	510	207	255	Plant Filing Fee	[Redacted]
108	740	208	370	Reissue Filing fee	[Redacted]
114	160	214	80	Provisional filing fee	[Redacted]

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES

Total Claims	Extra Claims -20**=	Fee from below	x	Fee Paid
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Indep Claims 5	-3***=	2	42.00	84.00

Multiple Dependent

[Redacted]

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Indep. Claims in excess of 3
104	280	204	140	Mitpl dep. claims, if not paid
109	84	209	42	**Reissue indep. claims over original patent
110	18	210	9	**Reissue claims in excess of 20 over original patent

SUBTOTAL (2) \$ 84.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code (\$)	
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1440	218	720
128	1960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1510	138	1510
140	110	240	55
141	1280	241	640
142	1280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) \$**

RECEIVED
TECHNOLOGY CENTER R3703
JUL 30 2002

SUBMITTED BY

Complete (if applicable)

Typed or
Printed Name

Barrant M. Sovine

Signature

Date

7/15/02

Telephone

(801) 478-0071